§888.3120

and has no linkage across-the-joint. This generic type of device includes prostheses that have a talar resurfacing component made of alloys, such as cobalt-chromium-molybdenum, and a tibial resurfacing component made of ultra-high molecular weight polyethylene and is limited to those prostheses intended for use with bone cement (§ 888.3027).

(b) Classification. Class II.

§ 888.3120 Ankle joint metal/polymer non-constrained cemented prosthesis.

(a) Identification. An ankle joint metal/polymer non-constrained mented prosthesis is a device intended to be implanted to replace an ankle joint. The device limits minimally (less than normal anatomic constraints) translation in one or more planes. It has no linkage across-the-joint. This generic type of device includes prostheses that have a tibial component made of alloys, such as cobalt-chromium-molybdenum, and a talar component made of ultra-high molecular weight polyethylene, and is limited to those prostheses intended for use with bone cement (§888.3027).

(b) Classification. Class III.

(c) Date PMA or notice of completion of a PDP is required. A PMA or a notice of completion of a PDP is required to be filed with the Food and Drug Administration on or before December 26, 1996 for any ankle joint metal/polymer nonconstrained cemented prosthesis that was in commercial distribution before May 28, 1976, or that has, on or before December 26, 1996, been found to be substantially equivalent to an ankle joint metal/polymer non-constrained cemented prosthesis that was in commercial distribution before May 28, 1976. Any other ankle joint metal/polymer non-constrained cemented prosthesis shall have an approved PMA or a declared completed PDP in effect before being placed in commercial distribution.

[52 FR 33702, Sept. 4, 1987, as amended at 61 FR 50709, Sept. 27, 1996]

§888.3150 Elbow joint metal/polymer constrained cemented prosthesis.

(a) *Identification*. An elbow joint metal/polymer constrained cemented

prosthesis is a device intended to be implanted to replace an elbow joint. It is made of alloys, such as cobalt-chromium-molybdenum, or of these alloys and of an ultra-high molecular weight polyethylene bushing. The device prevents dislocation in more than one anatomic plane and consists of two components that are linked together. This generic type of device is limited to those prostheses intended for use with bone cement (§888.3027).

- (b) Classification. Class II. The special controls for this device are:
 - (1) FDA's:
- (i) "Use of International Standard ISO 10993 Biological Evaluation of Medical Devices—Part I: Evaluation and Testing,"
- (ii) ''510(k) Sterility Review Guidance of 2/12/90 (K90-1),''
- (iii) "Guidance Document for Testing Orthopedic Implants with Modified Metallic Surfaces Apposing Bone or Bone Cement,"
- (iv) "Guidance Document for the Preparation of Premarket Notification (510(k)) Application for Orthopedic Devices,"
- (v) "Guidance Document for Testing Non-articulating, "Mechanically Locked" Modular Implant Components,"
- (2) International Organization for Standardization's (ISO):
- (i) ISO 5832–3:1996 ''Implants for Surgery—Metallic Materials—Part 3: Wrought Titanium 6-Aluminum 4-Vandium Alloy,''
- (ii) ISO 5832-4:1996 "Implants for Surgery—Metallic Materials—Part 4: Cobalt-Chromium-Molybdenum Casting Alloy."
- (iii) ISO 5832-12:1996 "Implants for Surgery—Metallic Materials—Part 12: Wrought Cobalt-Chromium-Molybdenum Alloy,"
- (iv) ISO 5833:1992 "Implants for Surgery—Acrylic Resin Cements,"
- (v) ISO 5834-2:1998 "Implants for Surgery—Ultra High Molecular Weight Polyethylene—Part 2: Moulded Forms,"
- (vi) ISO 6018:1987 "Orthopaedic Implants—General Requirements for Marking, Packaging, and Labeling,"
- (vii) ISO 9001:1994 "Quality Systems—Model for Quality Assurance in Design/